



*The Science of Living Well*

# Los Alamos National Laboratory New Hire Benefits Orientation



Health



Vision



Dental



Wellness



Finance



Mental

# Agenda



*The Science of Living Well*



- Eligibility
- Forms
- Benefit Plans Review
- 401(k)
- Important Dates
- Reminders
- Questions



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# Benefits Eligibility

- Full Benefits
  - Regular, full and part time (50%) employees
- Limited Benefits
  - Casual status employees
- Assignments **not eligible** for LANL benefits:
  - High school co-op
  - Lab associate
  - Bargaining unit employee



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# Acknowledgement Form



## Acknowledgement of Receipt of Required Notices

I hereby acknowledge receipt of the documents listed below from the LANL Benefits Office. I further understand that I am responsible for reviewing the governing documents, including but not limited to the Summary Plan Description (SPD) and applicable benefit booklets.

1. HIPAA Special Enrollment Rights Notice
2. Health Insurance Marketplace Coverage Notice

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Z#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HIPAA Notice



## HIPAA Special Enrollment Rights Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at the link below.

# Health Insurance Exchange Notice

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Service Center at [benefits@lanl.gov](mailto:benefits@lanl.gov).

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# Casual Employees Limited Benefits Summary



## Los Alamos National Laboratory (LANL) HDHP Plan Summary Sheet

### Medical Coverage

LANL offers the Blue Cross Blue Shield of New Mexico High Deductible Health Plan to employees actively working in an eligible casual status appointment. This plan offers consumers the flexibility to select the providers that offer the best value for covered services.



### 2016 Medical Plan Design At-a-Glance

	HDHP In-Network	HDHP Out-of-Network
<b>Annual Deductible</b>	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
<b>Out of Pocket Max (OOP) (includes deductible)</b>	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
<b>Coinurance</b>	10% after deductible	40% after deductible
<b>Office Visits Primary Care</b>	10% after deductible	40% after deductible
<b>Office Visits Specialist</b>	10% after deductible	40% after deductible
<b>Preventive Care</b>	100% Covered	40% after deductible
<b>Prescription Drug</b>	20% after deductible	Not covered
<b>Urgent Care</b>	10% after deductible	40% after deductible

# Casual Employees Limited Benefits Enrollment Form



## Casual/Benefits Eligibility Level Indicator (BELI6) Benefits Enrollment Form



The Science of Living Well

Return to LANL Benefits Office:  
TA-3 Otowi BLDG. 261  
2nd Floor, MS P 280 Fax: 505-665-2156

### Section I: Employee Information

Name	Date of Birth	Social Security Number
Primary Address	Date of Hire	Z Number

### Section II: Health and Welfare Benefit Elections

Please make your selections:

Plan	Level of Coverage
<input type="checkbox"/> Medical - HDHP	<input type="checkbox"/> Employee Only
<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Employee and Child(ren)
	<input type="checkbox"/> Employee and Spouse/Same-Sex Domestic Partner
	<input type="checkbox"/> Family

### Section III: Eligible Dependents and Coverage Elections

Social Security Number	Name (Last, First, MI)	Gender	DOB	Relationship	Z Number (if applicable)

### Terms and Conditions

By signing this form, I agree to the following Terms and Conditions: The Benefits Office reserves the right to request additional enrollment information, including but not limited to birth certificates, tax documentation, social security numbers, and any other information deemed necessary. The Benefits Office also reserves the right to cancel coverage for ineligible dependents in cases where enrollment is contrary to the LANS Health and Welfare Benefits Plan for Active Employees. It is my responsibility to verify my enrollment is correct, and any incorrect or missing enrollments must be identified to the Benefits Office in writing as soon as possible after discovery. I understand that by not completing this form completely or failing to include the necessary documentation may result in a delay in receiving benefit coverage.

**Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Limited Benefits Checklist



## New Hire Limited Benefits Checklist

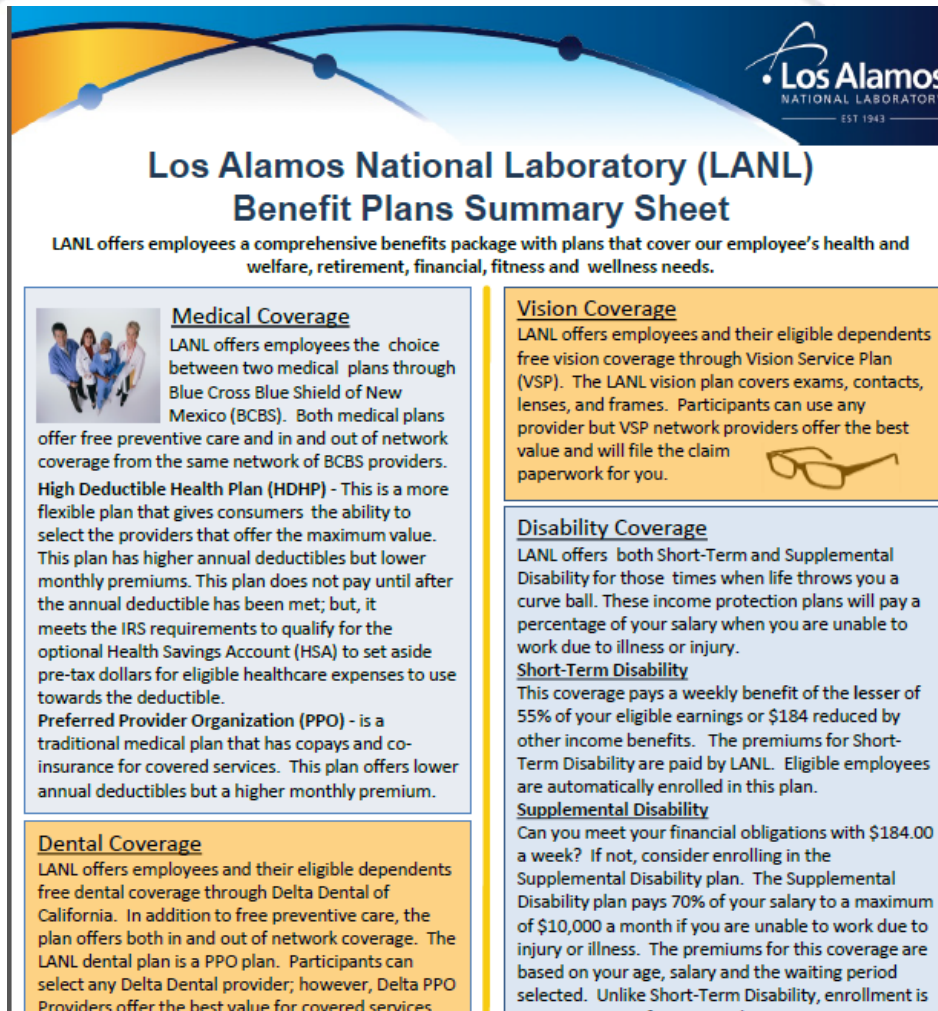
- ☐ Review the HDHP Plan Summary Sheet.
- ☐ Explore the new hire benefit website for comprehensive information on the LANL benefit plans at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/index.php>.
- ☐ Attend the new hire benefit presentation on your date of hire.
- ☐ Submit your completed enrollment form and required supporting documentation, if applicable, to the Benefits Office within 31 calendar days of your hire date. Forms submitted without supporting documentation will not be accepted.
- ☐ Update your emergency contact(s) in Oracle LANL Worker Self Service. If a contact is not listed in Oracle, email the contact information to [rr-desk@lanl.gov](mailto:rr-desk@lanl.gov).
- ☐ Review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>. Note: you must wait at least 10 business days from your hire date to access your 401(k) plan. Note: Employees on Regular, Term, Post-Doc, GRA, and Post-Bac assignments working full-time, part-time or casual status are eligible to participate in the 401(k) Retirement Plan. Employees eligible for the 401(k) plan will be auto-enrolled with a 6% contribution 31 calendar days from the date of hire if no action has been taken within the 31 day period.
- ☐ Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a LANL sponsored plan, including the retiree plans.

**Note:** LANL plan rules do not allow duplicate coverage. This means you may not be covered in any LANL sponsored benefit plan as an employee and as an eligible family member of another LANL employee or retiree at the same time. Family members of LANL employees may not be covered by more than one employee. For example, if a husband and wife both work for LANL, their children may not be covered by both spouses.

# Full Benefit Plans Options


- Medical –
  - PPO – Optional Flexible Spending Account
  - HDHP – Optional Health Savings Account
- Dental Plan
- Vision Plan
- Legal Plan
- Disability Plans
- AD&D
- Life
- 401(k)

# Full Benefit Plans Summary



**Los Alamos National Laboratory (LANL)**  
**Benefit Plans Summary Sheet**

LANL offers employees a comprehensive benefits package with plans that cover our employee's health and welfare, retirement, financial, fitness and wellness needs.




**Medical Coverage**  
LANL offers employees the choice between two medical plans through Blue Cross Blue Shield of New Mexico (BCBS). Both medical plans offer free preventive care and in and out of network coverage from the same network of BCBS providers.

**High Deductible Health Plan (HDHP)** - This is a more flexible plan that gives consumers the ability to select the providers that offer the maximum value. This plan has higher annual deductibles but lower monthly premiums. This plan does not pay until after the annual deductible has been met; but, it meets the IRS requirements to qualify for the optional Health Savings Account (HSA) to set aside pre-tax dollars for eligible healthcare expenses to use towards the deductible.

**Preferred Provider Organization (PPO)** - is a traditional medical plan that has copays and co-insurance for covered services. This plan offers lower annual deductibles but a higher monthly premium.

**Dental Coverage**  
LANL offers employees and their eligible dependents free dental coverage through Delta Dental of California. In addition to free preventive care, the plan offers both in and out of network coverage. The LANL dental plan is a PPO plan. Participants can select any Delta Dental provider; however, Delta PPO Providers offer the best value for covered services.

**Vision Coverage**  
LANL offers employees and their eligible dependents free vision coverage through Vision Service Plan (VSP). The LANL vision plan covers exams, contacts, lenses, and frames. Participants can use any provider but VSP network providers offer the best value and will file the claim paperwork for you.



**Disability Coverage**  
LANL offers both Short-Term and Supplemental Disability for those times when life throws you a curve ball. These income protection plans will pay a percentage of your salary when you are unable to work due to illness or injury.

**Short-Term Disability**  
This coverage pays a weekly benefit of the lesser of 55% of your eligible earnings or \$184 reduced by other income benefits. The premiums for Short-Term Disability are paid by LANL. Eligible employees are automatically enrolled in this plan.

**Supplemental Disability**  
Can you meet your financial obligations with \$184.00 a week? If not, consider enrolling in the Supplemental Disability plan. The Supplemental Disability plan pays 70% of your salary to a maximum of \$10,000 a month if you are unable to work due to injury or illness. The premiums for this coverage are based on your age, salary and the waiting period selected. Unlike Short-Term Disability, enrollment is

# Full Benefits Enrollment Form

NOTE: Use these buttons to print or save the form. DO NOT use the browser tool bar.

Form 1751a



SAVE

PRINT

## Benefits Enrollment Form

Return to Benefits Office:  
TA-3 Otowi Bldg. 261  
2nd Floor, MS P280  
Fax: 505-665-2156

### Section I: Employee Information

Employee Name	Z Number	Date of Qualifying Event
Mailing Address (New Hires or Change of Address Only)	City, State, Zip	Qualifying Event Select one

### Section II: Health and Welfare Benefits Enrollment

(Note: Employees must be eligible for the plan they are choosing. Employees may review eligibility requirements in the [LANS Summary Plan Description](#))

<b>Medical</b> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my medical coverage <input type="checkbox"/> I am canceling/declining my medical coverage <input type="checkbox"/> No change Type of Enrollment (select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Same Sex Domestic Partner <input type="checkbox"/> Employee + Family <input type="checkbox"/> Modified Family (Employee + Children)	<b>Medical Plan Options</b> Type of Enrollment (select only one): <input type="checkbox"/> Blue Cross Blue Shield of New Mexico Preferred Provider Organization (PPO) <input type="checkbox"/> Blue Cross Blue Shield of New Mexico High-Deductible Health Plan (HDHP)
<b>Dental</b> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my dental coverage <input type="checkbox"/> I am canceling/declining my dental coverage <input type="checkbox"/> No change Type of Enrollment (select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Same Sex Domestic Partner <input type="checkbox"/> Employee + Family <input type="checkbox"/> Modified Family (Employee + Children)	<b>Vision</b> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my vision coverage <input type="checkbox"/> I am canceling/declining my vision coverage <input type="checkbox"/> No change Type of Enrollment (select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Same Sex Domestic Partner <input type="checkbox"/> Employee + Family <input type="checkbox"/> Modified Family (Employee + Children)
<b>Healthcare Reimbursement Account (HCRA)</b> (Not eligible with HDHP enrollment) Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my HCRA account <input type="checkbox"/> I am canceling/declining my HCRA account <input type="checkbox"/> No change HCRA Contribution Amount: \$ _____/year (Minimum \$180/Maximum \$2,550)	<b>Health Savings Account (HSA)</b> (Not eligible with PPO enrollment) Employees may review <a href="#">IRS HSA eligibility requirements</a> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my HSA <input type="checkbox"/> I am canceling/declining my HSA <input type="checkbox"/> No change HSA Contribution Amount: \$ _____/per payroll deduction (Annual contribution limits: \$3,350 individual and \$6,750 family)
<b>Dependent Care Reimbursement Account (DCRA)</b> (Note: This account is used for eligible dependent daycare expenses) Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my DCRA account <input type="checkbox"/> I am canceling/declining my DCRA account <input type="checkbox"/> No change DCRA Contribution Amount: \$ _____/year (Minimum \$180/Maximum \$5,000)	<b>Adoption Expense Reimbursement Account (AERA)</b> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my AERA account <input type="checkbox"/> I am canceling/declining my AERA account <input type="checkbox"/> No change AERA Contribution Amount: \$ _____/year (Minimum \$180/Maximum \$12,970)
<b>Legal</b> Type of Action (you must choose from the following): <input type="checkbox"/> I am selecting/changing my legal coverage <input type="checkbox"/> I am canceling/declining my legal coverage <input type="checkbox"/> No change	Type of Enrollment (select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Adult <input type="checkbox"/> Employee + Family <input type="checkbox"/> Modified Family (Employee + Children)

# At-A-Glance: Comparing PPO & HDHP Medical Programs

LANL/LANS 2016 BCBSNM-Administered Medical Programs: ACTIVE EMPLOYEES & NON-MEDICARE RETIREES

## At-A-Glance: Comparing the 2016 PPO & HDHP Medical Programs

Medical Program Benefit Comparison	PPO Benefits & Cost Sharing		HDHP + HSA Benefits & Cost-Sharing	
	Preferred Provider (In-Network)	Nonpreferred Provider (Out-of-Network)	Preferred Provider (In-Network)	Nonpreferred Provider (Out-of-Network)
<b>Calendar Year Deductible</b> – All services are subject to deductible unless otherwise indicated below.	\$300 Individual \$900 Family	\$500 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
	Family deductible is an aggregate of <b>three</b> times the Individual amount. <b>PPO and Non-PPO deductibles do NOT cross apply.</b>		Family deductible is an aggregate of <b>two</b> times the Individual amount.	
<b>Calendar Year Out-of-Pocket Limit</b> – Does not include penalty amounts, if any, noncovered charges, Out-of-network inpatient facility copays, or amounts over the covered charges. Under PPO and HDHP programs, the PPO and Non-PPO amounts do <b>not</b> cross-apply. After a member (or family) reaches the applicable out-of-pocket limit, the Medical Program pays 100 percent of most of that member's (or family's) covered charges for the rest of the year.	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
	Out-of-Pocket limit includes deductible, percentage coinsurance, copays, and drug plan copays; but does not include: out-of-network inpatient hospital copay or residential treatment center copay.		Out-of-Pocket limit includes deductible, percentage coinsurance and amounts paid by you under the drug plan.	
<b>Lifetime Maximum Benefit Limit</b> (per member)	Unlimited	Unlimited	Unlimited	Unlimited
<b>Basic Hospital and Physician Services</b>				
<b>Primary Preferred Provider (PPP)</b>				
<b>Office Visit/Exam Charge</b> (Nonroutine)	\$30/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
Therapeutic injections and diagnostic tests; Office surgery and supplies; Allergy care; Family planning surgery and injections	10% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Specialist Provider Office Visit/Exam Charge</b> (Nonroutine)	\$45/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
Therapeutic injections and diagnostic test; Office surgery and supplies; Allergy care; Family planning surgery and injections	10% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Allergy Injections</b>	No Charge	40% after deductible	10% after deductible	40% after deductible
<b>Routine/Preventive Care</b> (Includes exams, physicals, checkups, lab tests, immunizations, colonoscopies, etc.)				
Well-Baby (Through Age 2)	No Charge	40% (deductible waived)	No Charge	40% (deductible waived)
Well-Child (3-18)	No Charge	40% after deductible	No Charge	40% after deductible
Adult Physicals and Colonoscopies (Ages 19 and Older)	No Charge	40% after deductible	No Charge	40% after deductible
Lab, X-Ray, and other Testing	No Charge	40% after deductible	No Charge	40% after deductible
<b>Inpatient Hospital Charges/Inpatient Surgery</b>	10% after deductible	\$250 + 40% after deductible	10% after deductible	40% after deductible
Inpatient Physician Medical Visits/Consultation	No Charge	40% after deductible	10% after deductible	40% after deductible
Inpatient OB-GYN Maternity Delivery Global Fee	No Charge	40% after deductible	10% after deductible	40% after deductible
<b>Outpatient Hospital/Ambulatory Surgery Center</b>	10% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Emergency Room Visit</b> (Emergency condition only)	\$150/visit (deductible waived)		10% after In-Network deductible	
Physician and Other Professional Provider Charges	10% after In-Network deductible		10% after In-Network deductible	
<b>Independent Lab/X-Ray Facility</b>	10% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Urgent Care Facility</b>	\$30/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
- Ancillary Services (Lab tests, X-Rays, Supplies, etc.)	10% after deductible	40% after deductible	10% after deductible	40% after deductible

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# Decision Support Tools

Use the Decision Support Tools to choose the best medical option for you!

[Premium Calculator](#)

[DecisionDirect Tool](#)

[Medical Expense Estimator](#)



From the LANL internal web site,  
Select Employees > Benefits >  
Health & Welfare > Medical >  
Tools



# Tax-Advantaged Plans

## Health Care Reimbursement Account (HCRA; PPO or waived medical only)

- Use-it-or-lose-it
- Immediately available
- 2016 Annual limit \$2,550



## Health Savings Account (HDHP only)

- Interest-bearing or invest assets
- Balance rolls over
- Portable
- 2016 Annual limits \$3,350/\$6,750 (\$1,000 catch up for 55+)



# Tax-Advantaged Plans (Cont'd)

## Dependent Care Reimbursement Account (DCRA)

- Child or adult daycare expenses
- Use-it-or-lose-it
- Pay as you go
- 2016 Annual limit \$2,500 or \$5,000



## Adoption Assistance Expense Account (AAEA)

- Eligible costs and fees related to adoption
- Use-it-or-lose-it
- Pay as you go
- 2016 Annual limit \$13,460

# Wellness



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## STEP 1: Complete Health Assessment Questionnaire & Get

PPO		HDHP	
Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner	Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner
\$100	\$100	\$250	\$250
Deposited into a Health Care Account (HCA) with BCBSNM		Deposited into Primary Insured's Health Savings Account	

Reward for completing the Health Assessment Questionnaire is usually available the month after completion

Click on the “running man” icon in the upper right corner of the LANL internal home page or visit [www.virginpulse.com](http://www.virginpulse.com) to sign up.

# Wellness



## STEP 2: Complete Program Activities & Get Rewards

1. Your GoZone measures your daily activity in steps. Wear it clipped to your waistband or pocket for the most accurate results. It's easy, quick and helps you earn rewards.

2. Participate in healthy activities – competitions, challenges, promotions, contests, health and safety classes, nutrition, etc.. – and log it into your *Member Site* online tracking center.

3. Monitor your progress and watch your Points and Rewards add up.

PPO		HDHP	
Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner	Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner
up to \$100	up to \$100	up to \$250	up to \$250
Deposited in January 2017 to a Health Care Account (HCA) with BCBSNM		Deposited in January 2017 to Primary Insured Health Savings Account	

Rewards accumulated in 2016 become available in January 2017

# Dental

Comprehensive coverage for routine dental and orthodontic care

Plan Features *	In-Network or Non-Network
Annual Deductible	\$50 Individual
Annual Maximum	\$1,500 per person
Preventative Care (no deductible)	Covered in full, up to two visits a year
Basic Restoration (extractions, fillings)	80% (in-network) / 75% (out of network) after the deductible
Major Restoration (inlays, crowns)	50% after the deductible
Orthodontic	50% see Summary Plan Description (SPD) for lifetime maximums



**DELTA DENTAL**

**LANL pays 100% of the premium for this benefit for you and your eligible dependents.**

# Vision

Comprehensive vision coverage with a nationwide network of providers.

Your Coverage with a VSP Doctor*		
Benefit	Description	Copay
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>WellVision Exam every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		<b>\$25</b>
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$180 allowance for a wide selection of frames</li> <li>\$200 allowance for featured frame brands</li> <li>20% off amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Tints/Photochromic adaptive lenses</li> <li>Polycarbonate lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
<b>Contact Lenses</b>		
<b>Contacts (instead of exam and glasses)</b>	<ul style="list-style-type: none"> <li>\$180 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60



**LANL pays 100% of the premium for this benefit for you and your eligible dependents.**



# Legal



Affordable legal representation with a comprehensive identity theft package.

Covered Service*	Network Attorney	Non-Network Attorney
<b>Attorney Office Work</b>		
Simple wills and simple trusts (including Power of Attorney)	Paid-in-Full	\$175
<b>Domestic</b>		
Uncontested divorce (for self use only)	Paid-in-Full	\$525
Adoption proceedings	Paid-in-Full	\$420
<b>Consumer Protection</b>		
Consumer protection (except for disputes over real estate/construction matters)	Paid-in-Full	\$350

**Also Included:** Identity Theft Protection provides an even stronger front line of defense against identity theft with:

- ✓ **Identity Theft Insurance:** Coverage up to \$1 million for expenses associated with restoring your identity.
- ✓ **Full-Service Identity Restoration:** Restoration specialists will guide you to help clear your name and restore your identity.
- ✓ **Lost Wallet Services:** Restoration specialists will help you cancel and reissue credit cards, driver's license, etc.
- ✓ **Credit Monitoring:** Monitors and informs you of changes to your credit report.
- ✓ **Internet Surveillance:** Monitors websites and other data points to alert you if your personal information is being traded or sold.
- ✓ **Child Monitoring:** Monitors your minor's identity to alert you if their personal information is being traded and/or sold.

\*Not a comprehensive list of covered benefits or limitations under the plan.

# Disability

## 2016 Short-Term Disability

- Pays a weekly benefit of the **lesser** of 55% of your eligible earnings or \$184 reduced by other income benefits.
- **LANL pays 100% of the premium for this benefit.**
- Eligible employees are **automatically enrolled** in this plan.

**Can you meet your financial obligations with  
\$184 per week?**



# Disability

## 2016 Supplemental Disability (optional)

- Pays if unable to work due to injury, physical or mental illness, or maternity leave
- Plan pays 70% of your salary (max \$10,000/mo) reduced to 50% after 52 weeks
- Premiums based on age, salary and elimination period selected (7, 30, 90, or 180 days)
- Combined Short-term and Long-term disability



# Disability Changes for 2017

## Basic Short-Term Disability

- Eligible employees are **automatically enrolled** in this plan
- Pays a weekly benefit of 60% of your base salary up to \$800 per week (reduced by other income)
- 7 day waiting period (must exhaust sick leave up to 26 weeks)
- Maximum benefit duration of 26 weeks
- **LANL pays 100% of the premium for this benefit**



# Disability Changes for 2017

## Supplemental Short-Term Disability

- Pays a weekly benefit of 70% of your eligible earnings up to \$2,500
- 7 day waiting period (must exhaust sick leave up to 26 weeks)
- Maximum benefit duration of 26 weeks
- Premiums based on employee age and salary
- Employees will be automatically enrolled during Open Enrollment:
  - Option to opt out anytime;
  - Future enrollment will require evidence of insurability
- Note: Premiums are paid for post-tax, benefit is tax-free



# Disability Changes for 2017

## Long-Term Disability

- Pays a weekly benefit of the lesser of:
  - 50% of your base salary up to \$10,000 per month or
  - 70% of your base salary reduced by other income.
- Waiting period of 180 days (26 weeks)
- Pays up to Social Security Normal Retirement Age
- Premiums based on employee age and salary
- Employees will be automatically enrolled during Open Enrollment:
  - Option to opt out anytime;
  - Future enrollment will require evidence of insurability
- Note: Premiums are paid for post-tax, benefit is tax-free





# Accidental Death & Dismemberment

- Protects you and your family from unforeseen financial hardship due to an accident
- Coverage from \$10,000 to \$500,000
- Low group rates

**Are you protected against the unexpected?**



# Life

## Basic Life

- 1 times your annual salary, rounded up to next \$1,000
- Minimum of \$5,000 and a maximum of \$50,000
- Automatic enrollment
- **LANL pays 100% of the premium for eligible employees**

## Supplemental Life

- Options from 1 to 5\* times your annual earnings
- Guaranteed issue up to 3 times your salary

## Dependent Life

- For eligible children and/or spouse/same-sex domestic partner
- Must enroll in Supplemental Life to enroll dependents
- Guaranteed issue up to \$50k for Spouse/\$10k for children

## Business Travel Accident

- LANL pays for this coverage of up to \$100,000



# Full Benefit Plan Premiums

## 2016 Semi-Monthly Premiums for Active Employees – Medical, Dental, Vision and Legal

PPO	Single	Adult + Children*	Two Adults*	Family*
Salary range less than or = \$40,000	\$53.50	\$96.00	\$112.00	\$154.50
\$40,001 to \$80,000	\$58.50	\$103.50	\$122.50	\$169.50
\$80,001 to \$120,000*	\$63.50	\$113.50	\$132.50	\$182.50
More than \$120,000	\$77.50	\$139.00	\$162.00	\$223.50

HDHP	Single	Adult + Children*	Two Adults*	Family*
Salary range less than or = \$40,000	\$38.50	\$69.00	\$80.50	\$111.00
\$40,001 to \$80,000	\$42.50	\$75.50	\$88.50	\$121.50
\$80,001 to \$120,000*	\$45.50	\$81.00	\$95.00	\$131.00
More than \$120,000	\$55.50	\$99.50	\$116.50	\$160.00

Plan	Single	Adult + Children*	Two Adults*	Family*
Delta Dental	\$0.00	\$0.00	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00	\$0.00	\$0.00
ARAG Legal	\$5.55	\$7.62	\$7.62	\$8.32

### \*Eligible Dependents and Required Supporting Documentation

#### Legal Spouse (as defined under applicable state law)

- Must provide a copy of your marriage certificate; or
- Copy of signed Federal tax return, if filed jointly

#### Same-sex domestic partner

- Must meet the requirements of the LANS Declaration of Domestic Partnership (LANL Form 1925A)
- Qualified tax dependents require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

#### Child – natural, step, placed for adoption, adopted, or same-sex domestic partner's child\*

- Must provide a copy of the Birth Certificate, proof of birth (if newborns), or adoption papers that list you as adoptive parent

\* Qualified tax dependents require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

#### Legal ward

- Must provide a copy of the legal document granting custody; and
- Copy of your latest federal tax return
- Must meet the requirements of the Declaration of Legal Ward as Eligible Dependent (LANL form 3028)

#### Overage disabled child

- Must provide a copy of the Birth Certificate, proof of birth, or adoption papers that list you as adoptive parent

## Semi Monthly Rates for Supplemental Life & Dependent Life:

The multipliers used to calculate your Supplemental and Expanded Dependent Life Premiums are provided below.

Supplemental Life Insurance	
Age Band	Multiplier (per 1,000 of coverage)
<25	0.0110
25-29	0.0100
30-34	0.0120
35-39	0.0190
40-44	0.0305
45-49	0.0500
50-54	0.1115
55-59	0.1835
60-64	0.2790
65-69	0.4010
70-74	0.7320
75+	1.0300

Expanded Life Insurance (spouse and family)	
Age Band	Multiplier (per 1,000 of coverage)
<30	0.0170
30-34	0.0170
35-39	0.0200
40-44	0.0295
45-49	0.0475
50-54	0.0775
55-59	0.1380
60-64	0.2230
65-69	0.3250
70-74	0.4705
75+	0.8295

## SUPPLEMENTAL & EXPANDED LIFE PREMIUM CALCULATION

Directions	Example:
	50 year old employee making \$40,500 who wants 3 times his salary in supplemental life and adult expanded life insurance.
1. Take your annual salary and round up to the nearest thousand	1. Round up to \$41,000
2. Multiply by the level of coverage you want (i.e. 2x your salary, 3x your salary, etc.)	2. \$41,000 x 3 = \$123,000
3. Divide the coverage amount result by 1000	3. \$123,000/1,000 = 123
4. Multiply by your age multiplier above	4. 123 x 0.1115 = \$13.72
5. This is your semi-monthly sup life premium	5. Semi-monthly sup life premium = \$13.72
6. Divide sup life coverage amount by 2	6. 123,000/2 = \$61,500
7. Divide the coverage amount result by 1000.	7. \$61,500/1000 = 61.5
8. Multiply by Employee age multiplier above	8. 61.5 x .0775 = \$4.77
9. This is your semi-monthly dep life premium	9. Semi-monthly dep life premium = \$4.77

# 401(k) Retirement Plan

Regular, Term, Post-Doc, GRA, and Post-Bac positions are eligible to participate in the 401(k) Retirement Plan.

- LANS will match dollar-for-dollar up to 6% of your eligible compensation (you can choose to contribute up to 75%, annual limits apply)

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- Automatically enrolled with a 6% contribution after 31 calendar days
- Choose to contribute sooner by logging into your account, or opt out of auto enroll within 31 calendar days

- Non-elective employer Service-Based Contribution
  - 0-9 years of completed service: 3.5% contribution
  - 10-19 years of completed service: 4.5% contribution
  - 20+ years of completed service: 5.5% contribution

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[www.netbenefits.com](http://www.netbenefits.com)



**LANL will pay for both the administrative and recordkeeping fees on your account until balance is greater than \$25,000**

# LANS 401(k) Plan Design

LANS 401(K) Plan by Asset Classes on a Risk Reward Spectrum with Fees

Lower Risk

Higher Risk

Tier 1  
Balanced

Retirement Income Fund; Target 2020; Target 2025; Target 2030; Target 2035; Target 2040; Target 2045; Target 2050; Target 2055; Target 2060; Target 2065

Tier 2  
Passive

US Bond Index  
Fund (Fees  
0.05%)

S&P 500 Index  
Fund (Fee  
0.023%)

Small-Mid Cap  
Index (Fee  
0.052%)

International Equity  
Index (Fee 0.10%)

Tier 3  
Active

Core Plus Bond  
Fund (Fee  
0.37%)

Large Cap  
Growth (Fee  
0.40%)

Small-Mid Cap  
Equity (Fee  
0.71%)

International Equity  
(Fee 0.58%)

Stable Value  
(Bond) (Fee  
0.20%)

Large Cap  
Value (Fee  
0.59%)

Self Directed Brokerage Account (Fees - Prevailing Rates)



# Important Dates

“3 1 1”

LOS ALAMOS NATIONAL LABORATORY							2016						
JANUARY							FEBRUARY						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
					1	2		1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27
24 31	25	26	27	28	29	30	28	29					
MARCH							APRIL						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5						1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23
27	28	29	30	31			24	25	26	27	28	29	30
MAY							JUNE						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7				1	2	3	4
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		
JULY							AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
					1	2		1	2	3	4	5	6
							7	8	9	10	11	12	13
3	4	5	6	7	8	9	14	15	16	17	18	19	20
10	11	12	13	14	15	16	21	22	23	24	25	26	27
17	18	19	20	21	22	23	28	29	30	31			
SEPTEMBER							OCTOBER						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3						1	
4	5	6	7	8	9	10	2	3	4	5	6	7	8
11	12	13	14	15	16	17	9	10	11	12	13	14	15
18	19	20	21	22	23	24	16	17	18	19	20	21	22
25	26	27	28	29	30		23	24	25	26	27	28	29
NOVEMBER							DECEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5					1	2	3
6	7	8	9	10	11	12	4	5	6	7	8	9	10
13	14	15	16	17	18	19	11	12	13	14	15	16	17
20	21	22	23	24	25	26	18	19	20	21	22	23	24
27	28	29	30				25	26	27	28	29	30	31

**X** = payday

**X** = holiday\*

● Early time collection due to Holiday  
Other day's time collection will be announced as needed.

■ Winter Closure

\* If an employee has a scheduled day off on an observed holiday, the work day immediately before or following the holiday may be observed as the holiday, provided it falls in the same work week. Managers must approve scheduling the alternative holiday, based first on business considerations and second on employee preference.



# Full Benefits Checklist



## New Hire Benefits Checklist

- ☐ Review LANL Benefit Plans Summary Sheet.
- ☐ Explore the new hire benefit website for comprehensive information on the LANL plans at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/index.php>.
- ☐ Attend the new hire benefit presentation on your date of hire.
- ☐ Submit your completed enrollment form and required supporting documentation, if applicable, to the Benefits Office within 31 calendar days of your hire date. Forms submitted without supporting documentation will not be accepted.
- ☐ Submit a completed Universal Beneficiary Designation/Change Form (Form 1938) to designate beneficiaries for your AD&D and Life insurance(s).
- ☐ Update your emergency contact(s) in Oracle LANL Worker Self Service. Note: you must wait until after your benefit enrollments or beneficiary designations have been processed to view your contact options in Oracle LANL Worker Self Service. If a contact is not listed in Oracle, email the contact information to [rr-desk@lanl.gov](mailto:rr-desk@lanl.gov).
- ☐ Consider enrolling in the Wellness Program. The Virgin Pulse Wellness program is available to employees and their eligible spouses/same-sex domestic partners. Participants can earn incentives by completing program activities. For additional program information, visit the wellness website at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/wellness-program.php>.
- ☐ Review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>. Note: you must wait at least 10 business days from your hire date to access your 401(k) plan.
- ☐ Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a LANL sponsored plan, including the retiree plans.

**Note:** LANL plan rules do not allow duplicate coverage. This means you may not be covered in any LANL sponsored benefit plan as an employee and as an eligible family member of another LANL employee or retiree at the same time. Family members of LANL employees may not be covered by more than one employee. For example, if a husband and wife both work for LANL, their children may not be covered by both spouses.

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# Full Benefits Enrollment Reminders



- Review Benefit Plans Summary Sheet
- Utilize the New Hire Benefits Checklist
- Review the new hire website
- Access decision support tools and premium calculator



- Choose the plans that best suit your needs
- Remember – no duplicate coverage, including retiree plans



- Enroll within **31** calendar days
- Supporting documentation to enroll dependents **MUST** accompany your Benefits Enrollment Form
- Hand in your **Acknowledgment of Receipt of Required Notices** form

# Questions

- <http://int.lanl.gov/employees/benefits/index.shtml>
- [Benefits@lanl.gov](mailto:Benefits@lanl.gov)
- Phone 505-667-1806

